

### KARP PUBLIC SERVICE FUNDING REQUEST SUMMARY (35-PTS)

**Organization Summary (5 Points)** 

Organization Name	Victory House of Kankakee County
Project Title	Community Living for men in recovery-transitional housing improvements

#### **Funding Amount Requested:**

Total budget requested for this project	\$61,595	Other sources of funding	\$5,000 fund raising
Individuals/Households Served	12	Cost per Individual/Household	\$5132

Timeline (months) 10 Estimated Start date 07/01/2022 Completion date 04/30/2023

**Project Summary (10 Points)-**What is the service accomplishing in less than 100 words? What is your organization doing with the requested funds?

Victory House of Kankakee County has possession of a home on the St. Theresa's property in Kankakee that is indicated for a recovery home for men. City of Kankakee Planning and City Council has approved the special use permit for the home. The City of Kankakee's Fire Department has requested a sprinkler system prior to anyone living in the home or receiving services. The requested funds will go towards installing the required sprinkler system. (Quotes included). It is anticipated the actual costs have increased since the original quotes were obtained.

Community Need (10 Points)-Describe the community need and who are the people who would be served (100 words or less)

The City of Kankakee has a serious need for sober living housing services. There is a high rate of homelessness which also involves people struggling with addition which led to their lack of housing. The death rate in Kankakee County for overdose is extremely high. During 2021 and 2021 over 50 individuals died from overdoses. Victory House can offer a safe living environment with proven success in recovery guidance and programs. Victory House has a successful history of addressing this community need for this population of people. With programming we can assist a person to becoming a positive community member and giving back to society again.

### Project Outcomes (10 Points)- What is the intended result of funds invested? (100 words or less)

The intended result for this program is to provide the required (City of Kankakee) property upgrades to allow Victory House to open and begin services. With the increase in most material and equipment costs, we are expecting a higher install cost than originally quoted which reflects our request. The home is completely furnished so we do not need anything other than the requested sprinkler system and fire alarm installed.



## 2022-23 KARP Public Service Application

#### PROJECT DETAILS & APPROACH (40 Points)

Provide a brief description of the proposed project by explaining the following:

- Who are you fulfilling a need for? Describe the population this program would serve
- What are you proposing to do to serve this population?
- Why is your activity necessary?

Victory House of Kankakee County is seeking funding to operate our facility located at 361 N. St. Joseph Ave. Kankakee, II. We have been in existence in Kankakee County for more than 15 years where a successful program operated for 12 years at 152 S. Greenwood Ave Kankakee. The purpose of our organization is to offer supportive services to people who are fighting the effects of substance abuse and addiction. Victory House has received Conditional Use approval from Kankakee City Planning and City Council to operate our program and provide services with. We currently have a 8-bedroom home that requires the compliance of sprinkler system and fire alarm modifications to meet the City of Kankakee mandates. The requested use of funds would be to complete the required sprinkler system as noted by the City of Kankakee Fire Department. Enclosed are estimates of the upgrades needed. There will be additional expenses from Aqua Illinois suspected to be over \$10,000 which is not included in this packet.

With the required upgrades to the home, we can serve an under-served population of residents who are facing many obstacles. Our intended population includes habitually homeless, short term homeless and those with impending homelessness who are all struggling with substance abuse. Those in need of our services can receive a comprehensive

obstacles. Our intended population includes habitually homeless, short term homeless and those with impending homelessness who are all struggling with substance abuse. Those in need of our services can receive a comprehensive program which includes one on one substance use counseling, peer support, job readiness training, independent life skills training, on the job training within our ministry work programs and linkages to other necessary supportive services. People who are homeless and have substance abuse are at greater risk of worse Covid-19 outcomes. There is surge of addictive behaviors (both new and relapse) including behavioral addiction in this period. Withdrawal emergencies and death are also being increasingly reported. Addicted homeless people are especially facing difficulties in accessing the healthcare services which are making them prone to procure drugs by illegal means. During this time of the Covid-19 Pandemic, the group of individuals are finding it near impossible to locate housing and the interventions needed to combat their addiction. Victory House has a long-time successful history of meeting the needs for the homeless addicted population. We can offer services to reduce transmission of Covid-19 and offer safe strategies to keep the persons protected. Regular Covid-19 testing, ensure medical interventions along with a healthier living environment will provide life changing and life saving measures.

Following a fire in 2018, we have not been able to provide housing services for the individuals we serve. Those of us involved with Victory House know all to well the negative ramifications of turning a person back to the streets after a meeting, one on one session, a meal or other service. The number of deaths by overdose are staggering. For a person in addiction to have a supportive living environment with 24-hour peer support and management oversite available, we can save many lives. During 2020 and 2021, Kankakee County had an average number of 50 overdose deaths each year. The goal of Victory House is to reduce the number of overdose deaths and to provide services to reduce the incidence of Covid-19 infections for this population.

Will your organization implement this activity if KARP funds are not awarded? ■ No □ Yes
If yes, how will the implementation be achieved? What will you do to make this program sustainable <u>without</u> KARP funds in future years?
Tulius ill future years:



#### **TARGETED POPULATION (45 Points)**

#### **Meeting the National Objective**

Which Economic and Community	Development Agenc	y objective does yo	ur program fit?:
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- 1. Affordable housing
- 5. Youth Empowerment
- 2. Creating livable communities
- 6. Child Care
- 3. Economic development
- 4. Public services

100%

Other: Transitional Housing-Recov

Does your program or activ	ity fit any of these goals?		
☐ Health Services	☐ Battered and Abused Spouse Services	☐ Pandemic Recovery	
☐ Mental Health Services	☐ Transportation Services	☐ Child Care	
☐ Rental Housing Subsidies	■ Senior Services (age 62 and over)	<b>■</b> Other	
	st be over 50%) ome less than 50 % of the area median income. aal income. between 50 - 80% of the area media		
Activities where 80% to 10	0% of persons benefiting are Low/Mod Income	will receive	
$\square$ Activities where 51% to 79	.99% of persons benefiting are Low/ Moderate	Income will receive	
Will this activity exclusively	serve clientele from <u>one</u> of these categories?		
☐ Abused Children	☐ Severely Disabled Adults (per Census Burea definition)	au 🔲 Illiterate Adults	
☐ Battered Spouses	,	☐ Migrant Farm	
☐ Elderly Persons	Homeless Persons	Workers	
	☐ Persons living with AIDS	□ N/A	
Will the activity be serving in	dividual clients (IC) or households (HH):	ІС □ НН	
What is the total number of a	Il persons/households you expect to serve?		
12			
What is the total number of <b>L</b>	ow/Mod Income persons/households to be ser	ved?	
12			
What is the <b>percentage</b> of Lov	w/Mod Income persons/households to be serve	ed?	



How will this activity improve economic opportunities for households located in areas of concentrated poverty? How will this activity help eliminate or reduce areas of concentrated poverty? (1000-characters max)

Through the successful completion of the program, individuals return to work, become home owners, successful tenants and give to their communities. Graduates from Victory House have become business owners thereby eliminating poverty in their lives and their families. They move into the City of Kankakee across all areas of the city and share their portion of investing in the community. Every graduate of Victory House has become committed to reaching out and helping others who are struggling with addictions. It is a community building process which has proven to be successful over the years.

Describe current racial and income demographics for the assumed beneficiaries of this funding: (600-characters max)

The racial make up of Victory House has been as follows:

African American = 45% Caucasian = 35% Hispanic = 20%

The income for all individuals is extremely low or no income at all.

Highlight your organization's experience and accomplishments serving Low/Moderate Income persons/households. (600-characters max)

Victory House of Kankakee County has over 20 years experience in serving low/moderate income persons. By the time a person seeks our services, they have destroyed their lives, employment, families and health. We work with them to seek Medicaid/Link benefits, health checks and mental health services. Every person is accepted into the program without regards to their income or ability to pay. Through the recovery process, they can learn new skills, get their GED and enter the employment field. Many of these men learn new skills by working in the ministries business of lawn care, snow removal and moving services and have gone on to open their own business.



How will your organization promote your proposed program to the targeted population?

Our program is promoted through a variety of ways. We receive referrals from Kankakee County Drug Court and Judges, City or County Probation officers and Jerome Combs Detention Center. Individuals seeks assistance for themselves. Parents refer their adult children. Other organizations such as Family Guidance or Aunt Martha's refer to us. Victory House is very visible on the streets where our team is talking with homeless individuals and sharing the program and services offered.

Describe the overall process for collecting data. What tools do you use to track and monitor income, race and ethnicity data? How does your organization track and record client demographics?

During our initial intake process, we collect all required information. All participants must present identification, income documents and complete our intake packet which requires they document their race/ethnicity. All information is maintained in our main office in locked cabinets.

Within the beneficiaries served, what is the proposed number to be reported as <u>new</u> – defined as persons/households who have never before used this program/activity? What percentage of the total served will these numbers be?

New beneficiaries will be 12. This will represent 100% of the total served.
For persons/households who are not using your program/activity for the first time, what is the estimated number to be reported as having access to an <a href="improved service">improved service</a> due to the KARP funding? What percentage of the total served will these numbers be?
0%
Skip this question if your proposed program/service is entirely new. IF this is an existing program, describe how your existing program/activity, will be expanded. Provide a QUANTIFIABLE INCREASE in the level of proposed service compared to current service provided in the past 12 months:



FY 2022-23

# **BUDGET (40 Points)**

Identify the funding sources for <u>the proposed project</u>. This information will be provided directly to HUD. Proformas can be included but will not substitute this budget form. Budgets must be:

Specific and includes all things public funds will be used for. Anything not accounted for in the budget will not be funded

\*DO NOT include your entire operational budget.

Use of Funds		So	Source of Funds (Please list amount and source specifically)	lease list ar	nount and sc	urce specifically	y)	
	Requested		Other					
	KARP	Applicant	Funds					
Line Item	Funds	Funds	(specify)					Total
MATCO-Fire Protection	41,595							41,595
Aqua Illinois-Water Line	10,000							10,000
Operating costs	10,000	5,000						15,000
			×					
						•		
Total	61,595							66,595



# **Budget Narrative & Worksheet**

Consult the Application Guide for requirements on this section.

Explain project budget/funding sources including any leveraged funds. How are they applied towards your activity; (600-characters)

The requested amount reflects the quote received to provide the improvements necessary to begin serving individuals. We expect other expenses as the work on the property begins. 100% of all funds will go into the improvements requested by the City of Kankakee Fire Department and it's upgrades.  The program will also see community donations to offset any other expenses and to operate the home with the usual living expenses.
1. Is there a fee charged or suggested donation for your services?
No $\blacksquare$ Yes $\square$ *If yes, attach a copy of the fee schedule, and describe pricing methodology.
2. Are KARP funds being used to replace any state or local funds within this activity?
No ■ Yes □ *If yes, explain:
3. Are KARP funds being used to replace any <u>federal funds</u> within this activity?
No ■ Yes □ *If yes, explain:
4. Has your agency received KARP or other federal funds in any of the Fiscal Years 2015 through 2021?
No □ Yes □ *If yes, explain:
5. Does your agency currently receive any funding from the City of Kankakee or any other government funding source?
No $\square$ Yes $\square$ * If yes. list amount and department providing funding
Vhat is the estimated cost per persons/household served?
\$5132
ustify your proposed per-person/household cost and explain how you determined it.
This cost is the initial upgrade required which will serve many more individuals over the years.



## **AUDITING CONTROL, QUALIFICATIONS (16 Points)**

Please answer the following, making sure to address each bullet point:

- How will you segregate KARP funds for identification, tracking, and reporting?
- Describe the organization's payment and disbursement procedures as they relate to the public service
- Describe your financial reporting system/procedures, as it relates to the public service
- Describe your organization's Auditing requirements

KARP funds will be recorded in a spreadsheet and maintained in a separate account managed by the treasurer and hoard of directors. All receipts for the required ungrade will be

provided for quarterly reports. All expense board of directors and available for reporting	es are recorded in a spread	dsheet to be reviewed by the
Since Victory House has been unable to o accountant.	perate, our IRS updates h	ave been managed by a local



#### **Data Collection**

What type of income verification will be used to meet the KARP low/moderate income documentation requirement?  Third-party verification and documentation on 100% of beneficiaries served
☐ Organization intake/survey method (self-certification) *
Presumed benefit clientele (can list)
Explain the strategy and rationale for your above selection for data collection. How will your organization collect and verify income and demographic information?: (600-characters max)
All income and demographic information is collected at the time of intake. State ID or State Drivers License, income documentation and completed intake packet is all collected at the time of intake.
Conflict of Interest
As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials:
Participate in the decision making process for the approval of this application? No $\blacksquare$ Yes $\Box$ Have a financial interest or reap a financial benefit from this program/activity? No $\blacksquare$ Yes $\Box$
Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?
No ■ Yes □
If you selected, "yes," to any of the above, clearly describe the conflict below.



# **ENVIRONMENTAL CONCERNS (5 Points)**

Project site address 361 N. St. Joseph Ave. Kankakee, II
Is the project currently underway?
$\square$ Yes; If yes, contact ECDA prior to completing this application
No; project will not begin before an environmental review is completed by City of Kankakee
Has a Level 1 Environmental Review been completed? ■ No
Flood Hazard Area: Is there evidence or knowledge that a portion of the proposed project is located in a 100- or 500-year flood plain?
■ No □ Yes
Noise Abatement and Control:
Distance from nearest railroad: ■ More □ Less than 3,000 feet □ Don't Know
Distance from nearest major roadway: ■ More □ Less than 3,000 feet □ Don't Know
Distance from nearest airport: ☐ More ☐ Less than 3,000 feet ☐ Don't Know
Wetland Protection: Is there wetland associated with the proposed project?
■ No □ Yes
Does the project include repair, rehabilitation, or conversion of existing building/facilities?
□ No ■ Yes
Does the project involve new construction, acquisition of undeveloped land or any construction that requires moving dirt, excavation or ground disturbance?
■ No □ Yes
Is there any presence of lead or lead hazards within the property? ☐ No ☐ Yes ☐ Unknown
How was the presence of lead determined?
Does the project involve existing units that are 50 years or older? ☐ No ■ Yes
If yes, does the property have historical significance? ☐ No☐ Yes ☐ Unknown



## **REQUIRED DOCUMENTATION (5 Points)**

### These documents are required to be attached to the final application submission:

- State and Federal Tax Exemption Determination Letter 501 (c)(3) Nonprofit
- List of current Board of Directors/Council or Trustees
- 2022-23 KARP Project Summary (separate 1 page document)

# If your activity is funded, these documents are required prior to Sub-Recipient Agreement completion:

- Copy of the applicant's previous year's Audit, Management & Compliance Report
- Copy of applicant's Insurance Coverage as required in the applicable contract Exhibit E –
  Insurance. (The Insurance Exhibit will be provided after funding is allocated.)

#### **Project Applicant**

Organization/ Agency legal name:	Victory House of Kankakee County
Contact Person / Title:	Mark Jones
Address:	P.O. Box 1882 Kankakee, II 60901
Telephone:	815-549-1356
Email:	Isomministries@yahoo.com
Program Operating Location (if different than listed above)	361 N. St. Joseph Ave Kankakee, II 60901

Type of agency:	■501(c)(3)	☐ Gov't/Public	☐For Profit	<b>■</b> Faith-B	ased	□Other:
Date of incorporation:	2007	<u> </u>	Federal Tax ID	number:	26-1630039	
Agency DUNS number:	828710850		Annual operating budget:		\$15,000	
Number of paid staff:	0		Number of v	volunteers:	15	



#### Certification

I hereby acknowledge by applying for KARP funds, this activity  $\underline{\text{may}}$  require compliance in the following areas:

- Utilization of minority and women contractors
- Labor Standards Provision (Davis-Bacon)
- Uniform Relocation Act Section 104(d)
- Lead-Based Paint Assessment, Remediation/Abatement
- Debarred, suspended and ineligible contractors
- Section 3
- Environmental Regulations
- Flood Insurance
- Handicapped accessibility
- Title VI of the Civil Rights Act, 1964
- Title VII of Civil Rights Act Fair Housing

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator.

Mark Jones	Mark Jones	
Signature of Authorized Official	Name of Authorized Official	
President	03/25/2022	
Title	Date	
	Date	